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## Editorial announcement

### The editorial tightrope

*"I'm afraid we can't publish it, but we could shred it for you"*

The above quotation was a "Punch" cartoonist's answer to the problem which faces journal editors. Although in 1995 the *JNNP* published two volumes instead of one, we still turn away three quarters of papers submitted. The editors return a few of these papers to the authors without review, because their topics are outside the main interest of the *Journal* in clinical neurology, neurosurgery, and neuropsychiatry, or too specialised in subject for generalists, or too restricted in geography for an international readership. Case reports have a particularly high casualty rate because they rarely offer new insights into pathological processes or treatment. Nevertheless clinical cases are the life blood of clinicians and we do offer our "Lesson of the month" series as a vehicle for the instructive, but not necessarily novel, case. Most articles are submitted to the refereeing process.

During 1995 we published the series of review articles edited by Professor Mark Wiles in a book entitled *Neurological Management*, which is now available, complementing our first book *Neurological Emergencies*. Our current review series, *Neurological Investigations*, will be concluded in March 1996 and again collected into a book. The remainder of 1996 will be filled with reviews on *Neuroepidemiology* which Dr Christopher Martyn will coedit. These reviews provide concise, authoritative statements of current practice in neurology, neurosurgery, and neuropsychiatry which are welcomed by readers and vie for popularity with Dr Lindsay Haas's *neurological stamp collection*. All these articles feature in our plan to put the *JNNP* on the personal bookshelf of every neurologist, neurosurgeon, and psychiatrist.

During 1995 a gynaecologist was removed from the United Kingdom medical register for fraud because he had published fabricated cases in the *British Journal of Obstetrics and Gynaecology*. This may seem a parochial peccadillo to readers from other countries and specialties but we dare not assume that neuroscience is immune to the misbehaviour of the maverick and the crook. The results of a full scale investigation of this lamentable obstetric episode have made every journal editor consider the checks and balances which control the selection and publication of articles. We are not aware of our pages being the medium for malpractice, but downright dishonesty can be difficult to detect and may only be revealed if inconsistencies are noted by close colleagues or others in the immediate field.

Scientific fraud is universally condemned and thought to be rare, but conflicts of interest have insidiously pervaded the medical scientific world with little comment. Exciting advances in the understanding of cerebrovascular disease, neurodegeneration, and inflammatory diseases have mobilised the pharmaceutical battalions into the neurological field. Drug companies are taking a much more open interest in neurology and generously sponsor national and international neurological meetings where their advertising stands are prominently displayed. National funding for neuroscience research is dwindling in many countries. The pharmaceutical industry has partially filled the funding gap and financed clinical trials designed to market their own drugs. Senior neuroscientists receive invitations to speak at, chair, or just attend meetings with generous funding of travel and accommodation expenses from drug companies. We like to think that our professional and scientific judgement is above being influenced by this generosity but the advertising departments of the pharmaceutical industry have a shrewder understanding of human behaviour. Conferences devoted to a single drug financed by the drug company have become

common and their proceedings are often published as supplements to major journals. The *JNNP* has been happy to follow the lead of its parent journal, the *British Medical Journal*, in eschewing such supplements, although we are prepared to consider a supplement devoted to a class of drugs and financed by several different drug companies. We have not been inundated with requests to publish supplements of this type. Potential conflicts of interest should exercise us all. Authors should declare conflicts of interest in their acknowledgments and an instruction to do so appears in the latest version of our "Notice to contributors" which is published in this issue. Assessors should decline to assess papers with which they have a conflict of interest and an appropriate request will appear in future requests to assess papers. The tightrope does not immunise the editor against conflicts of interest, and work from his own department should be handled by another member of the editorial team or submitted to a different journal. Even editorials, or especially editorials, should be submitted to the refereeing process.

The gradual increase in numbers of authors attached to each paper is another area which requires careful examination. To some extent it is legitimate and reflects the increasingly interdisciplinary composition of successful research teams. However, gift authorship is probably commonplace,<sup>1</sup> because of ignorance, misunderstanding, or disagreement about what justifies credit for authorship. According to the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* of the International Committee of Medical Journal Editors, authorship should be based only on "substantial contributions to (a) conception and design, or analysis and interpretation of data; and to (b) drafting the article or revising it critically for important intellectual content; and on (c) final approval of the version to be published." All three of these requirements must be met by each author. Therefore, contribution of data or cases, making a diagnosis, obtaining research funds, and headship of a department are not adequate qualifications for authorship. Because the number of publications is used as a measure to decide on the promotion of individuals and on auditing and funding research departments, we cannot afford gift authorship. On the other hand we also have to be sure that individuals are not unfairly omitted from authorship. The *Uniform Requirements* cleverly cover this with the statement "Any part of an article critical to its main conclusions must be the responsibility of at least one author."

To help us with the task of editing the 1996 *JNNP*, we welcome the new members of our international Editorial Committee, Professor F Scaravilli and Professor D Turnbull from the United Kingdom, Professor J Jankovic from the United States, and Professor J-C Baron from France. At the same time we thank Dr M Esiri, Professor R Frackowiak, and Dr A Lees, who have completed their four year terms of office. We congratulate Dr Lees on his appointment as editor of *Movement Disorders* and another member of our Editorial Committee, Dr John Hodges, on his appointment as editor of *Neurocase*. Finally I acknowledge the debt which our Journal owes to two outstanding members of our Editorial committee, Professor Anita Harding and Professor Douglas Miller, who both died during 1995.

RAC HUGHES  
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1 Smith J. Gift authorship: a poisoned chalice? *BMJ* 1995;309:1456-7.

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## NOTICE

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### Announcement from the British Neuro-psychiatry Association: 1996 summer meeting

The 1996 Summer meeting will be held on 14-16 July at Robinson College, Cambridge. It will include topics on neuro-development, language, and the presentation of short scientific papers and single case videos by members. The Association's AGM will be held on 16 July.

For further details of these meetings please contact: Sue Garratt, Administrative Assistant, BNPA, 17 Clocktower Mews, London N1 7BB. Telephone/Fax: 0171 226 5949.

For details of membership of the BNPA, which is open to medical practitioners in psychiatry, neurology, and related clinical neurosciences, please contact: Dr Jonathan Bird, Secretary BNPA, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol, BS16 1QT. Telephone: 01179 701212 ext 2925/2929 or Sue Garratt at the address given above.

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## CORRECTION

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### Clinicopathological case conference. *J Neurol Neurosurg Psychiatry* 1995;59:322-7.

Dr CC Tijssen should be included as an author for this case conference, which should read:

Harrison MJG, Teepeen JLJM, Tijssen CC. A case of recurrent headache and neurological deficit. *J Neurol Neurosurg Psychiatry* 1995;59:322-7.

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## BOOK REVIEWS

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All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card

(Mastercard, Visa or American Express) stating card number, expiry date, and your full name.

**Neurovascular Surgery.** Edited by L PHILIP CARTER and ROBERT F SPETZLER. Associate Editor MARK G HAMILTON. (Pp 1446; £325.00). Published by Blackwell Science, Oxford 1994. ISBN Hb 0-070-11020-4.

This is a highly impressive and well researched text book covering every aspect of modern neurovascular surgery. The editors have assembled 125 contributors who are all well respected in their fields. As a result, the text book is extensive with global reference. The book is divided into six main parts consisting of general principles, occlusive disease, haemorrhagic conditions, vascular compression, spinal vascular disease, and vascular injuries. All sections are well covered and include essential medical neuroanaesthetic and interventional aspects as well as the direct surgical descriptions. Despite multiauthorship, the editors appear to have kept overlap down to an absolute minimum.

What I found particularly impressive was the detail in which the key trials and clinical papers have been documented. As a result, I have found the book useful in extracting key material and figures with ease. The extensive coverage makes this book suitable for interested parties other than surgeons. I just wonder whether it may have been more appropriately entitled "The Treatment of Neurovascular Conditions" so as not to deter the non-surgical community. I would personally recommend this book to neuro-intensivists and neuro-radiologists in addition to neurosurgeons of all grades.

In summary, this really is an excellent book which has been put together by highly respected workers in the discipline of neurovascular conditions. I congratulate them on what must have been an enormous effort.

PETER KIRKPATRICK

**Etiology of Parkinson's Disease.** Edited by JONAS H ELLENBERG, WILLIAM C KOLLER and J WILLIAM LANGSTON. (Pp 600; \$195.00). Published by Marcel Dekker, New York 1995. ISBN 0-8247-8823-0.

This book, inspired by the fortuitous discovery of MPTP induced parkinsonism in a small group of Californian drug addicts, is a joy to read. It represents an attempt to review and explore all the theories that have been put forward to account for the cause of Parkinson's disease (PD); a review that extends to a bibliography of 2413 references! In addition to presenting the possible theories, it openly criticises and highlights the shortcomings of studies set up to unravel the aetiology of this common yet incurable disease.

The book opens with an excellent discussion on the causes of parkinsonism and how these relate to idiopathic PD (IPD). The discussion then goes on to highlight the difficulties in identifying IPD from other forms of parkinsonism, especially other neurodegenerative conditions such as multi-system atrophy. The difficulty in establishing and verifying a diagnosis of IPD antemortem seems to have been helped by the advent of functional imaging with the PET scanner. Although this technique is not widely available, problems are already appearing on the horizon as pointed out by Golbe in his chapter on the genetics of PD. He makes the point that some twin studies have shown abnormal fluorodopa PET scans similar to those in PD, in twins who do not have PD but only a postural tremor; a point further discussed in later chapters on the neuroepidemiology and comorbidity in PD.

This initial discussion on what constitutes PD is fundamental to understanding what may cause it. However, in addition the pathology of the condition has to be explained and Forno gives an excellent account on the neuropathology of PD. This chapter makes another important point—namely, that although the dopaminergic nigral neurons bear the brunt of the pathology—they are not the only neurons to be involved in the disease process. This point must therefore be taken into account when any theory purporting to explain the aetiology of this condition is put forward.

The diagnosis and pathology of IPD having been established, the question then arises as to what causes the neurons to be lost. Irwin and Langston begin by presenting possible mechanisms of cell death, although no discussion on the ontogeny of the nigrostriatal pathway is given. This is a shame as it may be relevant to the mechanism of cell death in the disease state. Nevertheless, the possible cellular mechanisms that cause the dopaminergic neurons to be lost is then taken up in later chapters that specifically address the possibilities of endogenous and exogenous toxins as aetiological agents, including a discussion of MPTP itself. This discussion on toxins raises the further question as to whether levodopa itself is toxic to the nigral dopaminergic neuron and so catalyses the disease process. A significant amount of in vitro work is omitted from the discussion but the overwhelming work from those studies agrees with the conclusion put forward in this book—namely, that although this is a theoretical risk there is no convincing evidence that it is a dominant factor driving the pathogenesis of this condition.

The only criticisms I have of this book are minor ones, in that some of the chapters read rather too much like lists (for example, chapter 7) whilst others are unnecessarily technical (for example, chapter 11 on assessment of predictors). Overall, though, this book is good fun. It presents a large amount of information in an interesting and critical way and I would therefore strongly recommend it to all who wonder at the cause of this major neurodegenerative disorder.

ROGER BARKER

Journal of  
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#### Notice to contributors

**SUBMISSION** Please submit articles on clinical neurology, neurosurgery, or psychiatry (especially neuropsychiatry) to Professor R A C Hughes, Editor, *Journal of Neurology, Neurosurgery, and Psychiatry*, Medical School Building, UMDS, Guy's Campus, St Thomas Street, London SE1 9RT, UK. Telephone: 0171-378 6758 and fax 0171-378 1221. Provide up to three key words or phrases suitable for use in an index. When possible use terms from the MeSH list of *Index Medicus*. Four copies of the manuscript and figures are required. Manuscripts should conform to the "Uniform requirements for manuscripts submitted to biomedical journals (*BMJ* 1991; 302:338-41)". Follow the format of articles in this issue and submit your text double-spaced, on one side of the paper. Full papers and short reports should contain an abstract of not more than 300 words. For full papers, this should be structured under the headings: *Objectives, Methods, Results, and Conclusions*. Receipt will be acknowledged. If the paper is rejected the manuscript will be shredded after three months. Original figures will be returned if requested when the paper is submitted. The article must not duplicate material published or submitted elsewhere. The article should be accompanied by the following statement, signed by all the authors: "No work resembling the enclosed article has been published or is being submitted for publication elsewhere. We certify that we have each made a substantial contribution so as to qualify for authorship. We have disclosed all financial support for our work and other potential conflicts of interest."

Full Papers must present important and substantial new material. **Short Reports, Letters** and **Clinicopathological Case Conferences** may also be submitted. Topics suitable for presentation for Short Reports include single case reports which illustrate important *new* phenomena, or reports of short, original research studies. Short reports should be restricted to about 1500 words with a minimum of references and no more than one figure and one table. Short case reports may be selected for a **Lesson of the month** series. **Neurological Pictures** occupying one journal page, following a format similar to that in this issue, and with a maximum of two authors, will be considered. Letters should be no longer than 1000 words, with a maximum of five references and no more than one illustration or table. Short letters concerning papers published in the journal will be printed under **Matters Arising**. Occasional **Reviews**, and regular **Editorials** will be solicited by the Editor and are subjected to a review process. Authors wishing to submit an editorial, or review should seek the advice of the Editor in advance.

**AUTHORSHIP** All authors must have participated sufficiently in the work to take public responsibility for the content (see *BMJ* 1991;302:339). Authors must have made substantial contributions to the conception and design of the study, analysis and interpretation of the data and to the writing of the article. They must all approve the final version. Data collection, acquisition of funding, and supervision of a research group are not adequate justification for authorship. Conversely authorship should not be withheld from colleagues who have made substantial contributions.

**ETHICS** Ethical considerations will be taken into account in the assessment of papers (see the Medical Research Council's publications on the ethics of human experimentation, and the World Medical Association's code of ethics, known as the Declaration of Helsinki (see *BMJ* 1964;2:177)).

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**ABBREVIATIONS** Measurements should be expressed in SI units (see *BMJ* 1991;302:338-41. *SI unit conversion guide* 1992; Boston: New England Journal of Medicine). For

recognised abbreviations see *Units, Symbols, and Abbreviations*, Fifth Edition 1994, edited by DN Baron, Royal Society of Medicine: London.

**FIGURES** These should be prepared to a high standard suitable for publication. Photographs should be submitted on glossy paper, unmounted, with magnification bars when appropriate. We will make a charge towards the cost of colour figures. Do not insert figures in the text, but mark the back with the figure number and name of the first author. Submit legends for figures on a separate sheet.

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- 1 Millikan CH, Eaton LH. Clinical evaluation of ACTH and cortisone in myasthenia gravis. *Neurology* 1951;1: 145-52.
- 2 Penn AS. Immunological features of myasthenia gravis. In: Aguayo AJ, Karpati G, eds. *Topics in Nerve and Muscle Research*. Amsterdam: Excerpta Medica 1975: 123-32.
- 3 Coers C, Woolf AL. *The innervation of muscle. A biopsy study*: Oxford: Blackwell, 1951:16-24.

A reference to unpublished work should not appear in the list but work "in press" may be included provided the name of the journal appears. The author is responsible for the accuracy of references.

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